




Greater Hazleton Health Alliance Medical Staff Link

 **Congratulations**
to
James Caggiano, M.D.
Associate Medical
Director



Dr. James Caggiano has been named Associate Medical Director of the Greater Hazleton Health Alliance. In his new position, Dr. Caggiano will work with Medical Director, Dr. Thomas H. Dittman, to provide medical leadership to the growth and development of GHHA. The Medical Director's Office also functions as a liaison and facilitates communication among the medical staff, hospital administration and the boards of directors.

Anesthesia Agreement Signed.....

GHHA signed an agreement for anesthesia services with Dr. Thomas W. Hanlon. The name of his firm will be known as Anesthesia Care Associates. We welcome Dr. Hanlon.

Congratulations to John Amentler, M.D.

John P. Amentler, M.D. was one of 48 physicians receiving a master of public health degree in occupational medicine from the Medical College of Wisconsin, Milwaukee, May 16.

The MPH programs provide a distance-learning format with self-study course guides and interactive computer work. Nearly 500 practicing physicians are enrolled.

Doctor Arthur L. Koch Named to Anti-Aging Council

Dr. Arthur L. Koch, an alternative family medicine practitioner experienced in the science of anti-aging therapies, has been appointed to the national advisory council of the Pompano Beach, Fla. based Anti-Aging Associates. The associates are a network of medical professionals selected to offer a revolutionary anti-aging/age-reversal program.

Welcome New Medical Staff Members at HSJMC.....

Salvatore P. Sparich, Jr., D.O.
Family Practice

Minaben Patel, M.D.
Internal Medicine

Rosina M. Generose, DPM
Allied Health Professional
Podiatry

Alvin Berlot, Jr., D.O.
Emergency Medicine

A Special Thank You...

In recognition of Men's Health Week a medical symposium on men's health issues was held on June 18 at Genetti's Best Western. There were approximately 120 people in attendance.

Thank you to Mr. Michael Lafavore and to the following panel members:

Lawrence Bender, D.O.
Thomas Ciotola, M.D.
Harsh Gandhi, M.D.
Anthony Valente, M.D.

**Larry Braunstein, M.D.
joining Hazleton Radiology
Associates.....**

Larry Braunstein, M.D. will be joining Hazleton Radiology Associates in July. An AOA graduate of Hahnemann University School of Medicine Larry completed a Radiology Residency at Temple University. He comes to Hazleton after a fellowship in angiography and interventional radiology at the University of Virginia. Among his skills are angiography including pulmonary angiography, vascular interventional procedures including thrombolysis, angioplasty and vascular stenting, dialysis graft maintenance and recanalization, embolization, non-vascular interventional procedures includ-

ing biliary and urologic intervention. He is also well experienced in central venous access and inferior vena cava filter placement. We look forward to enhancing the service we currently provide with the addition of this fine interventional radiologist to our practice.

Survey Assists Medical Staff Development Plan

Daniel Stern and Associates will be conducting a survey of physicians and community leaders as a part of a Medical Staff Development Plan being done by GHHA, as part of its strategic plan. This survey will also help the Alliance get an additional feel for the attitudes of the community concerning the medical staff services offered locally.



Reminder.....

"Vancomycin Order Sheets"

Vancomycin monitoring will continue on both campuses and will be conducted by Infection Control and Pharmacy Dept.

Nursing staff will place the Vancomycin restricted order form on the patient's medical record when the Vancomycin

is ordered. However, it is the physician's responsibility to complete the order form. If not completed by the time the patient is discharged, Medical Records will flag the incomplete form for the physician's signature.

Observation Patients

Most commercial insurances, Blue Cross, HMOs and MA encourage the use of observation status especially if the reason for admission is a symptom i.e., abdominal pain, back pain, chest pain and renal colic. **A specific order for observation must be written.**

The time in observation can be used to treat the symptoms, do testing, and administer IV antibiotics/therapy.

The patient can easily be changed to a SPU patient, or inpatient, whenever a diagnosis is made.

Almost all of the third party payors are using Interqual Criteria to determine if the patient required admission.

The Quality Management Department at either hospital would be happy to answer questions you may have regarding the use of observation status and/or Interqual Criteria.

☛ PLEASE NOTE:

At this time the "ONLY" third party payor that has informed us of payment being made to consultants of observation patients is First Priority Health.

Hospitals Receive Certificates
of Excellence for Data
Reporting

Hazleton General Hospital and Hazleton Saint Joseph Medical Center were among 66 health care facilities in Pennsylvania honored with a Certificate of Excellence by The PA Health Cost Containment Council, on May 7, 1998. This certificate is for their dedication in meeting the legally established guidelines for accurate and timely data submission to the council. The hospitals have successfully submitted their inpatient hospital records within 90 days after the close of the previous calendar quarter and maintained an error ratio of less than 25 percent.

Rehabilitation
Services

Medicare regulations stipulate that physician certification is necessary for a Medicare patient to receive outpatient rehabilitation services. These services include:

- ◆ cardiac rehabilitation
- ◆ occupational therapy
- ◆ physical therapy
- ◆ speech therapy

As a reminder, the Hospital outpatient therapy departments will send a certification form to the referring physician for the initial certification. If the patient is to receive therapy beyond the initial 30-day period, a recertification form will be sent to the referring physician. Medicare regulations prohibit the use of a stamped signature for the certification and recertification forms. Physician assistance and cooperation is necessary, as the certification/recertification forms must be on file to allow the patient to receive uninterrupted care.

Please direct any questions on this issue to Paul Slocum, PT, Director of Rehabilitation at 459-3467. Thank you for your cooperation on this issue.

"HAZLETON GENERAL
HOSPITAL"

Physicians/
Physician's Offices

In order to improve communication with the HGH Nursing staff, Spectra Link phones will be used. The last two (2) digits of their extensions range from 70 to 78 inclusive. The preceding two digits signify the floor.

For Example:

4574 would be 5th floor
4474 would be 4th floor

By accessing these numbers you will communicate directly with the specific nurse caring for your patient.

Surgeons /
Gastroenterologists

When G-tubes or J-tubes are inserted during a hospital stay, a specific order is needed to change the route of administration.

Social Services at
HGH

Social Services Department at Hazleton General Hospital has a student intern, Jackie Libonate, who is a senior at Beaver College in Glenside, PA. She is a candidate for a Bachelor of Arts in Psychology. We welcome her to the department for the summer.

**"HAZLETON-SAINT
JOSEPH MEDICAL
CENTER"**

**Opening the Door to
FSCC.....**

All referrals to The Franciscan Skilled Care Center are to be made **directly** to the unit.

**Incorporating Serum
Prealbumin
Measurements as an
Aid in Nutritional
Assessment**

Nutritional risk is definitely associated with poor outcomes including higher rates of complications, longer hospitalizations, hospital readmissions and increased mortality. Literature strongly suggests that adequate nutritional support has been shown to decrease negative health outcomes in some patient populations. Early assessment of protein calorie malnutrition can potentially improve the outcome of three of the top DRGs at Hazleton St. Joseph Medical Center. These have been identified as Heart Failure & Shock, Digestive Disorders (Esophagitis, Gastroenteritis) and Pneumonia. Literature suggests that individuals with pneumonia or have undergone major gastrointestinal or hip

and femur procedures, are at high risk of malnutrition or protein calorie depletion.

The use of visceral proteins as nutritional markers have been increasingly investigated for the last 10 years. Prealbumin is a widely used marker used to identify malnutrition. It is recommended that prealbumin be ordered on all adult admissions. One advantage in using prealbumin is its short half-life of less than 2 days, which allows one to identify acute as well as chronic malnutrition. Due to this short half-life, an increase in the baseline value can be documented within 48 hours after the institution of nutritional therapy. Further increase to normal levels can be documented with continued nutritional intervention.

In the moderately and severely stressed population receiving nutritional support, incorporating prealbumin testing into the nutritional treatment plan is recommended. If the prealbumin level is less than 17.7 mgm/dl, retesting should occur twice a week until equal or greater than 17.7 mgm/dl, then weekly until discharge.

We as health care professionals must strive to determine appropriate nutritional interventions that have beneficial outcomes. An interdisciplinary approach, which involves alliances between the medical staff, nurses,

pharmacists, laboratory and dietitians, is beneficial not only to the patient care but also meets JCAHO nutrition care standards.

*Judy A. Ervin
Medical Staff Assistant
Editor*